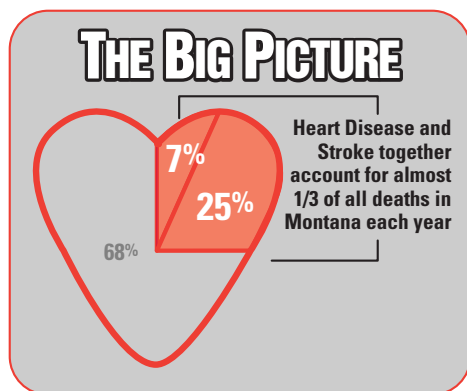


# Preventing Chronic Diseases: Investing Wisely in Health

Public Health Action for Impacting Montana's Number One Killer.



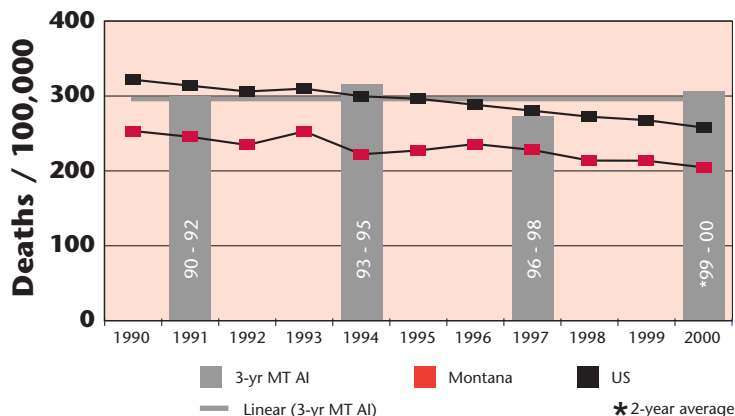
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Chronic Disease Prevention and Health Promotion Program  
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## Heart Disease is the leading cause of death in Montana.<sup>1</sup>

- 25% of all deaths in Montana each year are caused by heart disease.
- 2,006 Montanans die of heart disease every year.
- 63 Montana Indians die of heart disease every year.
- From 1990-2000, the heart disease death rate decreased almost 20% for the general US population, 19% for all Montanans and only 2% for Montana Indians.
- There are over 2,600 admissions to Montana's hospitals for heart disease each year.

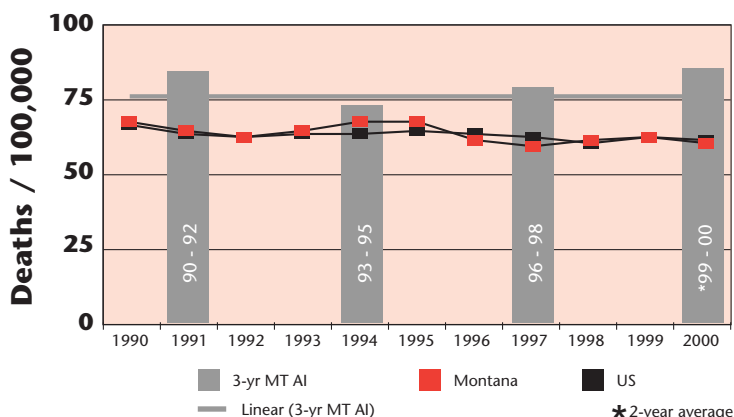
**Figure 1. Age-adjusted heart disease mortality rates for all Montanans, Montana American Indians and the general US population. 1990-2000.<sup>1</sup>**



## Stroke is the third leading cause of death in Montana.<sup>1</sup>

- 7% of all deaths in Montana are from stroke.
- 548 stroke deaths occur each year among all Montanans.
- From 1990-2000, stroke death rates declined 7% for the US population and 10% for all Montanans, but among Montana Indians, stroke death rates increased over 4%.
- Older Montanans are at high risk of stroke, yet only 73% recognize all the signs and symptoms of stroke.

**Figure 2. Age-adjusted stroke mortality rate for all Montanans, Montana American Indians and the general US population. 1990-2000.<sup>1</sup>**



## Adults in Montana are at risk for heart disease and stroke.<sup>2</sup>

- 29% have high cholesterol.
- 27% have high blood pressure.
- 22% smoke.
- 19% are obese.
- 6% have diabetes.
- 76% consume fewer than 5 servings of fruits and vegetables a day.

## Montana Indians with diabetes are at VERY high risk of heart disease and stroke.<sup>3</sup>

- 20% of adult Indians with diabetes have had a heart attack some time in the past.
- 4% have had a stroke some time in the past.

## Public Health in Action

Montana's Cardiovascular Health Program, funded through the Centers for Disease Control and Prevention, Cardiovascular Health Branch, is working to address the burden of heart disease and stroke in many ways with diverse partners across Montana.

### Activities include:

#### *Surveillance*

In 2003, the Montana Cardiovascular Health Program issued a 42-page report on the Burden of Cardiovascular Disease in Montana.

#### *Guidelines Applied in Practice (GAP)*

Working collaboratively with the Montana Chapter of the American College of Cardiology (ACC) and eight hospitals throughout Montana, the Cardiovascular Health Program is helping to implement the Guidelines Applied in Practice (GAP) program for heart attacks. This project allows Montana hospitals to implement a systematic process of care that will provide hospital, caregivers, and patients with tools and information they need to improve care and outcomes.

#### *Worksite Programs*

The Montana Cardiovascular Health and Diabetes programs piloted a workplace campaign, which increased employee awareness of the signs and symptoms of a heart attack and the need to use 911.

#### *Montana Cardiovascular Health Summit*

Montana's Cardiovascular Health Program provides an annual meeting to highlight the latest information for health professionals about preventing and managing heart disease, stroke and risk factors.

#### *Stroke Prevention*

Working collaboratively with Great Falls Benefis Healthcare, the Montana Cardiovascular Health Program is helping to enhance community-based awareness of stroke signs and symptoms and the need to call 911.

#### *Improving Nutrition Policy*

The Montana Cardiovascular Health Program, in collaboration with the Montana Dietetic Association, promoted statewide policy changes to improve nutrition:

- Senate Joint Resolution 2 promotes a healthy school nutrition and physical activity environment.
- Department of Corrections updated the nutrition standards for all of its facilities.

- 2001 State legislation provided schools with one-time startup funds for school breakfast programs.
- Low-income mothers obtained fresh food through the WIC Farmers' Market Nutrition Program with matching funds from the state to enhance the program.



### References:

1. Montana Department of Public Health and Human Services Cardiovascular Health Program. The Burden of Cardiovascular Disease in the State of Montana 2003. Helena, Montana 2003.
2. Montana Department of Public Health and Human Services. Assessing Health Risks in Montana: 1990-2001 survey results from the Montana Behavior Risk Factor Surveillance System. Helena, MT: Montana DPHHS, Health Planning and Evaluation Section, 2001.
3. Montana adapted Behavior Risk Factor Surveillance System of American Indians, 1999-2001.

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